

## THSteps Medical Checkups Periodicity Schedule for Adolescents (10 through 20 Years)

The columns across the top of the schedule indicate the age a client is periodically eligible for a medical checkup. The first column on the left of the chart identifies each procedure that must be performed at each appropriate age.

Age <sup>1</sup>	CHILDHOOD										ADOLESCENCE					KEY
	10	11	12	13	14	15	16	17	18	19	20					
<b>History</b>												• Required, unless medically contraindicated or against parental religious beliefs.				
Family	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Required as above, unless already provided on a previous checkup at the required age and documented on the health record with the date of service.
Physical, Mental Health, Developmental	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	+ If patient responses on risk assessment questionnaires or other screening show a risk factor, further screening is required. Refer to footnotes for more information on items marked +.
<b>Behavioral Risks</b> <sup>2</sup>	•	•	•	•	•	•	•	•	•	•	•					
<b>Physical Examination</b> <sup>3</sup>	•	•	•	•	•	•	•	•	•	•	•	1.	If a child comes under care for the first time at any point on the schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up to date as soon as possible.			
<b>Measurements</b>												2.	Screening for adolescent lifestyle risk factors is to include eating disorders, sexual activity, alcohol, (and other drug use), tobacco use, school performance, depressions, and risk of suicide.			
Height/Weight/BMI	•	•	•	•	•	•	•	•	•	•	•	3.	A complete unclothed physical exam is required at each visit with client appropriately draped.			
B/P	•	•	•	•	•	•	•	•	•	•	•	4.	In areas of low prevalence, administer the tuberculin questionnaire annually beginning at 1 year. In areas of high prevalence, administer the skin test between 11 years through 16 years; administer the questionnaire annually at other visits.			
<b>Nutrition</b>	•	•	•	•	•	•	•	•	•	•	•	5.	Hgb and Hct, (if pregnant or breast feeding) done at a WIC clinic is acceptable within one month if date and value are documented. (Hgb type is part of the newborn screening.)			
<b>Mental Health Assessment</b>	•	•	•	•	•	•	•	•	•	•	•	6.	If Hgb type has been performed and results previously documented in patient's chart, it does not need to be repeated. (Hgb type is part of the newborn screening.)			
<b>Sensory Screening</b>												7.	For sexually active or high-risk adolescents, screening is to include, Pap smears for cervical cancer, evaluation for genital warts, cultures for gonorrhea and chlamydia, and blood test for syphilis and HIV. While all adolescents should be screened for the risk of HIV infection, actual testing is voluntary and requires the consent of client. Refer to Section 2 of the <i>Texas Medicaid Provider Procedures Manual - Texas Health Steps</i> for more information on HIV screening and to the Adolescent Screening section for information concerning STD.			
Vision Screening	•	•	•	•	•	•	•	•	•	•	•	8.	Screen for risks of increased levels of cholesterol (no formal questionnaire provided by THSteps).			
Hearing Screening	•	•	•	•	•	•	•	•	•	•	•	9.	Clients are not to be referred to the local health department for immunization. Vaccines must be obtained from the Texas Vaccines for Children Program at TDH. See <i>Texas Medicaid Provider Procedures Manual - Texas Health Steps</i> for information for vaccines for 19 through 20 years of age. Vaccines should be administered at the time of the checkup.			
<b>Tuberculin Screening</b> <sup>4</sup>	•	•	•	•	•	•	•	•	•	•	•	10.	Dental referrals are required for all patients. Patients are eligible for preventive dental checkups every 6 months.			
<b>Laboratory</b>												11.	Counseling/anticipatory guidance is a required integral part of each checkup and must be face-to-face. For adolescents, health guidance should include parenting, development, diet, physical activity, healthy lifestyles and injury prevention, including information concerning high-risk behavior identified during the checkup. See "Medical Checkups for Adolescents" on page 27 of the <i>Texas Medicaid Provider Procedures Manual - Texas Health Steps</i> for further information.			
Hgb or Hct <sup>5</sup>	✓	✓	•	✓	✓	•	✓	✓	✓	✓	✓					
Hemoglobin Type <sup>6</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
STD Screening <sup>7</sup>	+	+	+	+	+	+	+	+	+	+	+					
Pap Smear	+	+	+	+	+	+	+	+	+	+	+					
Hyperlipidemia <sup>8</sup>	+	+	+	+	+	+	+	+	+	+	+					
Immunizations <sup>9</sup>	✓	✓	✓	•	•	✓	✓	✓	✓	✓	✓					
<b>Dental Referral</b> <sup>10</sup>	•	•	•	•	•	•	•	•	•	•	•					
<b>Anticipatory Guidance</b> <sup>11</sup>	•	•	•	•	•	•	•	•	•	•	•					